

Nursing Home Information



May we be of service to you?

THIS PAMPHLET TELLS YOU ABOUT MEDICAID RULES FOR UTAH NURSING HOMES AND INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH MENTAL RETARDATION (ICFs/MR). IT TELLS YOU HOW TO APPLY FOR MEDICAID. IT ANSWERS QUESTIONS ABOUT MEDICAID. WHEN THIS PAMPHLET REFERS TO NURSING HOME IT IS ALSO REFERRING TO ICFs/MR.

Call a Medicaid worker with your specific questions.

**Utah Department of Health
Bureau of Eligibility Services**

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MEDICAID

Medicaid is a program where the Federal and State government work with each other to pay for health care services for eligible people. This pamphlet gives details of some of the rules of the Utah Medicaid program.

Some Medicaid rules are not the same in each state. If you need to know about Medicaid in another state, you need to contact a worker in that state.

To apply for Utah Medicaid and to get answers to your questions, you need to talk to a Medicaid worker from the Utah Department of Health, Bureau of Eligibility Services. Each nursing home has a Medicaid worker assigned to it. The people who work in the nursing home can tell you the name and telephone number of the Medicaid worker assigned to them, or you can call 236-6762 in the Salt Lake area, or 1-800-662-9651 ext. 998 anywhere in Utah.

This pamphlet has a lot of facts you may need to know and some you may not need to know. Choose to read what you think applies to you.

FINANCIAL AND MEDICAL ELIGIBILITY

To get Medicaid to help you pay for nursing home care, you need to be **Financially and Medically** eligible.

Financial: To see if you can be signed up for Medicaid, a Medicaid worker will need to have you give facts about your income (Social Security, retirement, Veterans Benefits, etc.). You will need to give facts on assets (bank accounts, property, stocks, cash on hand, etc.) The nursing home will give you the name and telephone number of the Medicaid worker. **Call for an appointment.**

Medical: (Form 10 process) Your doctor and the nursing home must give facts about how ill you are. There are rules telling how ill you must be to get Medicaid. The people working at the nursing home will get these facts and send them to Medicaid. You must tell the staff at the nursing home you are applying for Medicaid so they can send the facts. **This should be done at once.**

These are two separate steps. Both must be done before Medicaid can pay for nursing home costs.

HOW TO APPLY

If you want Medicaid, you will need to complete an application. You can do this in person or by mail. You may need to verify facts about you and your spouse. What is needed will depend on your income and assets. If you have the items listed below, please provide a copy of them. Don't delay applying because you don't have items on the list. You can apply even if you do not have all of these items. When you talk to your Medicaid worker, you will get help on which items you may need. If you need help, ask.

This is a List of Items Often Needed:

- C If you are not a U.S. citizen you need proof of alien status;
- C Social Security number and Medicare claim number;
- C Information on medical insurance premiums paid, including the address of the company and the policy number;
- C Proof of income, including any amounts withheld;
- C Current bank statements;
- C Proof of the value of the value of CDs, savings certificates, and real estate other than your home ;
- C Records giving current value of any stocks and bonds, including savings bonds;
- C Proof of the face value and cash value of life insurance, burial insurance, or funeral plans;
- C Trust account papers;
- C Copies of medical bills you owe or have just paid. See Income Deductions, Page 7

DATES OF MEDICAID COVERAGE

Medicaid eligibility is decided one month at a time. You may be eligible in one month and not eligible in another month. When this happens, many times it is because you were under the asset limit on the first moment of one month and not in another month. See Assets, First Moment of the Month Rule, Page 8. Once you are eligible for a month, Medicaid covers services received during that month.

PAST MEDICAL BILLS:

Medicaid Covered: Medicaid can only cover past bills for medical services you received no earlier than three months right before the day you apply. If you apply to have past medical bills paid by Medicaid, you must be eligible for the time period in which you received the medical care.

Income Deductions: If your past bills are not covered by Medicaid, you may be able to get a medical income deduction for past medical bills you still owe.

Please tell your worker if you want to see if you can get help with past medical bills.

CURRENT MEDICAL ELIGIBILITY IS ESTABLISHED BY THE NURSING HOME:

Medicaid cannot pay for services you get from the nursing home before the date you are financially and medically eligible for the nursing home care. See Financial and Medical Eligibility, Medical, Page 2. The nursing home must apply for the medical eligibility. If you have or are going to apply for Medicaid, tell the nursing home staff as soon as you can. They need to know so that they can start working on the medical part of your eligibility. The nursing home staff must apply for your medical eligibility as soon as you tell them you want Medicaid. If they do not apply for your medical eligibility, the nursing home cannot bill you for those days of service which occur after you tell them and before they start to apply.

COVERAGE PROVIDED BY MEDICAID

Nursing Home-ICF/MR

1. Nursing Care, 2. Room and Board, 3. Medical Supplies, 4. Dietary Supplements, 5. Non-Prescription Pharmacy Items, and 6. Transportation to Medical Appointments. People in ICFs/MR receive additional services such as employment training, counseling and support therapy, recreational activity training (eating in restaurants, going to movies, shopping in malls, etc.)

Hospital

1. Inpatient and Outpatient Hospital Care, 2. Pharmacy, 3. X-Ray, 4. Laboratory, and 5. Physical Therapy Services.

Other Services

1. Most Medical Supplies, 2. Prescription Drugs (reviewed if over 7 per month), 3. Oxygen, 4. Emergency Ambulance Service, 5. Doctor Visits, 6. Eye Exams and Eye Glasses, and 7. Limited Dental Services.

For more information on what services are covered, call 1-800-662-9651.

WHEN MEDICAID IS AND IS NOT ACCEPTED AS PAYMENT

Ask a doctor, nurse, clinic, hospital, or pharmacy if they will accept Medicaid as payment. If they say yes, **they may not ask for payment from you**. But if a doctor, nurse, clinic, hospital, or pharmacy does **not** take Medicaid, and **you agree** to pay for that medical bill, you must pay it.

INCOME OF NURSING HOME RESIDENTS ON MEDICAID

When you become eligible for Medicaid to help with nursing home costs, most of the time you must help pay for the monthly costs. You may keep \$45 of your monthly income for personal needs such as a permanent or hair cut. The rest of your money must, in most cases, be paid to the nursing home. If you are not married we look at only your income. If you are married and your spouse lives at home we may need to look at your spouses income. We do this to see if your spouse can keep some of your income. See When You Have a Spouse at Home - Income, Page 12.

When you get Medicaid benefits, **you must report any changes** in your income, such as cost-of-living changes, cash gifts, or new sources of income. Changes to the income of your spouse must also be reported. You must let your worker know about the change as soon as it happens.

The law states that if you get Medicaid, **you must apply for any income you might be able to get.** This includes, but is not limited to, Veteran's Benefits, Social Security, Worker's Compensation, sick pay, mortgage or paycheck insurance, Unemployment Compensation, child support or alimony, life insurance, or retirement benefits. The one benefit you do not have to apply for is Supplemental Security Income (SSI).

If you are on **Medicare Part B**, you have a monthly payment held out of your Social Security check each month. Your Social Security amount is really more than the check you get each month. When your worker figures the amount you must pay the nursing home each month, the gross amount of your Social Security is used, not the amount you receive.

After you have been on Medicaid about three months, Social Security will stop holding the Medicare Part B premium out of your monthly checks. You will receive a refund check from Medicare for the money that was held out for the months you were on Medicaid. This is because the State of Utah will pay the Medicare premiums for you for the months you are on Medicaid. Call your worker if you have questions.

INCOME DEDUCTIONS

Some things can be deducted from the amount you pay the nursing home. Here are some examples of income deductions:

- C You can keep enough money to pay for your medical insurance.
- C If you are a veteran or surviving spouse of a veteran, you may be able to keep extra money for personal needs.
- C Your spouse may be able to keep part of your income. This depends on the income and expenses of your spouse. See *When You Have a Spouse at Home: Income*, Page 12.
- C If you do not have a spouse and your income is low enough, you may not have to pay anything for the month you enter the nursing home.
- C If your past bills are not covered by Medicaid, you may be able to get a income deduction for past medical bills you still owe.
- C In some cases you can get a deduction for current medical services your doctor says are necessary but Medicaid does not cover.

When in a nursing home, you must make a monthly payment to the nursing home from your monthly income. If a deduction is allowed, then the normal monthly payment you make to the nursing home will be cut by that amount.

Please keep in mind that this is a brief summary of some complex laws. Your worker will explain what can be done to best help you.

ASSETS

You are eligible for Medicaid only if the assets that must be counted are \$2,000 or less on the first moment of the month. Assets must be \$2,000 or less for each month you want Medicaid. If you are not married we count only your assets. If you are married and your spouse lives at home, we look at the assets of your spouse. See *When You Have a Spouse at Home: Assets*, Page 11

Assets include all things you own or have part interest in. Assets are things such as real estate (houses, land, farm ground, buildings); bank accounts; stocks or bonds; trusts; annuities; and in some cases, cash value of life insurance policies. Tell your worker about all your assets. Your worker will find out what counts and what does not. See *Exempt Assets*, Page 9.

First Moment of the Month Rule: Utah Medicaid starts on the first moment of the first day of a month. If you are eligible on the first moment, you are eligible for the whole month. If you are not eligible on the first moment, you are not eligible that month at all. Your next chance to be eligible is the first moment of the next month.

Because of this, it does not matter what your assets are on any other day. We look only at the assets you own on the first moment of the month. If you were going to pay some bills, or get money out of your account, some other way but did not do so, we have to count that money as an asset. It does not matter that you owe all or part of the money to someone. If you still have it, we have to count it as an asset.

This first moment of the month rule is meant to look at your assets before you get your monthly income. Income is never counted as an asset for the month you get it. For example, the Social Security check you get for a month is income for that month and is not counted as an asset. The problem arises if that money is still there on the first moment of the **next** month. If this happens, we must count the money as an asset. The total must not be more than \$2,000, or you are not eligible.

EXEMPT ASSETS

Some assets do not count against the \$2,000 limit. These are exempt assets. Here are some examples:

Home: Your home located in Utah will not usually count as an asset if:

- C you intend to return to the home, or
- C your doctor reports that you will need nursing home care for less than six months, or
- C your spouse or relative who relies on you lives in the home. Relatives who rely on you are relatives who claim to rely on you for money, medical help, or any other reason.

If your home is in a state other than Utah, it can be exempt only if you have a spouse or relative who relies on you living in it.

To learn about your home and estate recovery see Page 14

Vehicles: The value of one vehicle can be exempt as an asset if it is used to take you to medical treatment at least four times per year. In most cases, the equity value of other vehicles counts as an asset.

Life Insurance: The cash value of your life insurance counts as an asset, unless the combined total face value of all policies is \$1,500 or less. Dividends earned by life insurance policies will count as an asset.

Funds Set Aside for Funeral: Medicaid law allows some items for burial or funeral to be exempt as an asset. Here are examples of items which may be exempt:

- C Irrevocable trusts or irrevocable prepaid funeral plans, up to \$7,000 per person;
- C Your own money set aside for funeral, up to \$1,500. It must be separate and named to be used for burial. (This will count toward the \$7,000 limit);
- C Such items as a cemetery plot, casket, vault, or urn. These items must be fully paid for.

The laws on assets are hard to understand and it would be hard to tell you all about them in a pamphlet. Talk to a Medicaid worker about any questions you have.

Household and Personal Items: The furnishings, appliances, and other personal items in your home normally do not count against the \$2,000 Medicaid asset limit. The exception is that if you have any one item with a resale value (as is) of \$500 or more, we do count the value of such items. Such items could be jewelry (but one wedding ring set per person is exempt), works of art, a piano or other musical instrument, antiques, or computer equipment.

TRANSFER OF ASSETS

Medicaid is for people with few assets. Therefore, you need to use your assets on your own care before you become eligible for Medicaid. If you give away an asset for less than its value, you can be denied Medicaid. You must report all transfers made by you or for you in the 36 months before the date you apply for Medicaid. You must also report any assets transferred to or from a trust within 60 months before you apply. Transfers may make it so you are not eligible for nursing home Medicaid for a period of time. The following transfers will not affect your being eligible for Medicaid.

OK Transfers:

1. Transfer of a home or any other asset to your spouse.
2. Transfer of any asset to a blind or disabled son or daughter, or to a trust established for the sole benefit of a blind or disabled son or daughter.
3. Transfer of a home to a son or daughter under 21 years of age.
4. Transfer to a trust setup for the sole benefit of a person who is blind or disabled and who is under age 65.
5. Transfer of a home to a brother or sister who has an equity interest in the home and who has lived in the home for at least one year right before you enter a nursing home.
6. Transfer of a home to a son or daughter who has done the following:
 - (a) lived in the home, and
 - (b) provided care to the parent which let the parent remain at home rather than be in a nursing home, and
 - (c) done so for at least two years before the parent's entry into the nursing home.

If you transfer assets to someone for less than they are worth, you may be sanctioned. Sanction means that you will not be eligible to have Medicaid pay for your nursing home care. If this happens, you may still be eligible for Medicaid to pay for other costs. The length of the sanction depends on the value of the assets you transferred and when the asset was transferred.

WHEN YOU HAVE A SPOUSE AT HOME: ASSETS

If you are in a nursing home and your spouse is at home, your spouse is allowed to keep part of the assets. The amount your spouse may keep is $\frac{1}{2}$ the total amount of countable assets. There are some exceptions: Your spouse at home may keep a minimum of \$18,132, not to exceed \$90,660. These amounts go up January 1st of each year.

Assessment: The way to find out how much of your assets your spouse can keep is by an assessment. The assessment is a listing of the assets of a married couple as of the date one of them enters a nursing home or other medical institution for a stay of 30 days or longer. All countable assets are listed. It does not matter whose the assets were before the marriage, or how long the couple have been married, or which spouse's name they are in now. Medicaid is concerned only with the **total** value of all the countable assets of the married couple.

After the assessment is done, your Medicaid worker will send a letter to you and to your spouse telling each of you of the amount of the assets you can each keep. The amount of the asset belonging to your spouse at home will not be counted to figure your Medicaid eligibility.

You may be eligible for nursing home Medicaid when the assets belonging to your spouse at home are down to the amount in the assessment letter, and the share belonging to you is \$2,000 or less. Verification of how assets are spent may be needed to assure that no assets were transferred for less than fair market value. Assets can be used for items and services that benefit you or your spouse.

After your nursing home Medicaid is approved, there is a 90 day period to transfer your assets into the name of your spouse at home. The worker will check to make sure that this has been done. After the 90 day period, you will not be eligible if more than \$2,000 worth of assets remains in your name.

WHEN YOU HAVE A SPOUSE AT HOME: INCOME

If you are in a nursing home and your spouse is at home, he or she may be able to keep part of the income that comes in your name. The amount of monthly income your spouse at home can keep depends on the amount of the income in their name. The amount the spouse at home may keep is \$1,493 per month. From this figure, we SUBTRACT the income of your spouse at home, and we ADD any housing costs like rent, mortgage, utilities, and taxes which exceed \$448 per month. The remaining income is the amount of your income your spouse at home can keep each month. The \$1,493 and the \$448 amounts go up July 1 of each year.

Examples:

If your spouse at home has monthly gross income of more than \$1,493, he or she will not be able to keep any of your income, unless he or she has housing cost of more than \$448 per month.

Suppose that your spouse at home has \$500 of gross monthly income, and your income is \$900 per month. We subtract \$500 from \$1,493 ($\$1,493 - \$500 = \$993$). Since \$993 is more than your income of \$900, your spouse at home will be able to keep all of your income, and all of her income. Your spouse at home needs to make sure that your needs are met. You need to get \$45 per month for your personal needs.

Family Members

A family member who lives with your spouse at home may rely on you for support. If so, your spouse at home may be able to keep some of your income to help pay for the family members needs. Ask your Medicaid worker about this.

Hearings

Sometimes there are good reasons why your spouse at home needs more income. If this is the case, you can ask for a hearing. Your Medicaid worker can tell you about this.

RIGHTS AND RESPONSIBILITIES OF APPLICANTS FOR MEDICAID

You have the right to:

- C Apply or reapply any time for any Medicaid program.
- C Receive help completing the application forms.
- C Know the name of the person you are working with.
- C Be treated with courtesy, dignity, and respect.
- C Be asked for facts and verification clearly and courteously.
- C Be told in writing why your application was approved or denied.
- C Be told in writing when any changes are made on your case.
- C Have an agency conference to talk about your case.
- C Ask for a hearing any time you don't agree with an action taken on your case.
- C Look at any information used to decide your eligibility and the amount you must pay.
- C Look at the policy manuals.
- C Reside in any Medicaid-approved nursing home if all eligibility criteria have been met.

You have the responsibility to:

- C Apply for Medicaid by completing and signing an application and verifying all eligibility factors with the Bureau of Eligibility Services, Utah Department of Health.
- C Give complete and accurate facts so eligibility can be figured right.
- C Report any changes as soon as they happen. This includes changes to your income, the income of your spouse at home, the opening or closing of any bank accounts, or getting any new assets. You should also report any changes in your medical insurance coverage.
- C Apply for any other benefits you may be entitled to, such as Medicare Part B, if not already receiving coverage.

MOST ASKED QUESTIONS ABOUT MEDICAID

WILL MEDICAID TAKE AWAY MY HOUSE?

No. Medicaid does not take away people's houses. But the house may keep you off Medicaid, if it is a countable asset. The house is NOT counted, if your spouse or another family member lives in it. A house that is in Utah can also be exempt if you plan to return to it. Your house may be part of an estate recovery after your death.

IS THERE A LIEN ON MY PROPERTY?

The law requires states to recover payments made for Medicaid people age 55 or older. This recovery will not take place while the client or spouse is living, or if there is a dependent child under age 21, or a surviving blind or disabled child. We have a pamphlet called Estate Recovery Information Bulletin which gives more information on this recovery. You can get this pamphlet from your Medicaid worker.

CAN YOU HELP ME CHOOSE A NURSING HOME?

The Utah Department of Health publishes a report on each nursing home in the state every year. You can get a copy of that report, and a booklet to explain the findings, by calling 538-6157. Then you can make up your mind about which nursing home to choose.

WHAT IF I PAY TOO MUCH IN A MONTH?

You may be eligible for a refund if the amount you pay to the nursing home in a month is more than the amount Medicaid covered for that month. Contact your Medicaid worker if you believe you may have paid too much for any month.

WHEN SHOULD I APPLY FOR MEDICAID?

Usually, you should apply as close to the time you enter a nursing home as you can. In most cases, we approve or deny your application within 30 days of the time you make an application. If you need more time than this to get facts back to the Medicaid worker, ask for it. Medicaid can begin on the first day of the month in which you applied. If you qualify, it can start as far back as three months before the month in which you apply. See Page 4, Dates of Medicaid Coverage. You can talk to a Medicaid worker at any time if you have questions, but PLEASE CALL FOR AN APPOINTMENT FIRST. Note that the date of application for Medicaid is the day we actually receive the signed application forms. Please contact your worker to get the right forms.